

P11000015473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

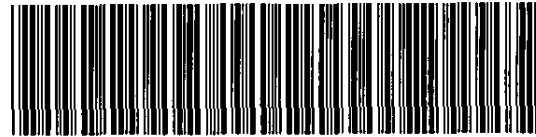
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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02/15/11--01024--001 \*\*78.75

RECEIVED  
11 FEB 15 PM 1:05  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
11 FEB 15 PM 12:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 FEB 15 PM 12:12

VH

## COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: Trainwreck Inc  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee  
☒ \$78.75 Filing Fee  
& Certificate of Status

☐ \$78.75 Filing Fee  
& Certified Copy  
☐ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM: Stephen Rice  
Name (Printed or typed)

526 bairns St  
Address

talla. FL 32304  
City, State & Zip

850-339-8573  
Daytime Telephone number

Riceb1110 @ mymail tcc FL.edu  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

ARTICLES OF INCORPORATION  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Trackwreck Inc

**FILED**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

526 Balis St  
Talla, FL 32304

Mailing address, if different is: 11 FEB 15 PM 4:12

\_\_\_\_\_  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any and all lawful business

**ARTICLE IV SHARES**

The number of shares of stock is:

2

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Stephen Rice Pres Name and Title: \_\_\_\_\_  
Address: 2013 Coffee Ln Address: \_\_\_\_\_  
Talla, FL 32303

Name and Title: John Allen Grant VP Name and Title: \_\_\_\_\_  
Address: 219 Atkinson Dr Address: \_\_\_\_\_  
Talla, FL 32301

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Stephen Rice  
Address: 526 Balis St  
Tallahassee, FL

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Stephen Rice  
Address: 2013 Coffee Ln  
Talla, FL 32303

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

\_\_\_\_\_  
Required Signature/Registered Agent

2/15/11  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

\_\_\_\_\_  
Required Signature/Incorporator

2/15/11  
Date